

Kids First Trust Fund

Grantee Monthly Report - For the Month of _____
(This form is to be used for **months 2 – 12 of your contract**)

Agency Name:	Phone:
Program Name:	E-mail:
Contact Name:	Address:
Contract No.	Address:
Counties Served:	

1.) What type of program do you provide?

parent education & support	home/hospital visitation	professional training
public awareness/education	life skills for children & youth	
local council/network support	family resource centers	

Is this service: primary secondary

2.) How many new clients have you served this month? How many continuing (only one category required)

_____ Families _____ Children _____ Individuals (New)
_____ Groups (New)

_____ Families _____ Children _____ Individuals (Continuing)
_____ Groups (Continuing)

3.) State the progress you have made toward each objective, the hours served and how your agency delivered the services to meet your expected outcomes.

Objective 1 -

Objective 2-

Objective 3 -

Objective 4 -
What measures have you used to meet this objective?

Objective 5 -
What measures have you used to meet this objective?

Agency Signature

Date

Kids First Program Consultant Signature

Date

Approved_____

Denied_____